

JC813 U.S. PTO  
09/22/00

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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JC813 U.S. PTO  
09/668961  
09/22/00

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	RM233d <i>50 04</i>
	First Named Inventor	Nolan <i>AS. 00</i>
	Original Patent Number	5,812,978
	Original Patent Issue Date (Month/Day/Year)	9/22/98
Express Mail Label No.	EL558236817US	

**APPLICATION FOR REISSUE OF:**  Utility Patent  Design Patent  Plant Patent  
(check applicable box)

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations		
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input checked="" type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)		
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input checked="" type="checkbox"/> Preliminary Amendment		
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	13. <input type="checkbox"/> Other: ..... ..... .....		

**NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

<b>14. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <b>23996</b> (Insert Customer No. or Attach bar code label here.)		or <input type="checkbox"/> Correspondence address below	
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NAME (Print/Type)	Rick Martin	Registration No. (Attorney/Agent)	32,267
Signature	<i>Rick Martin</i>	Date	9-22-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

9/22/00

JC813  
S.  
PTO

## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

RM233d

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 37	**** 17 = x \$ 9. = 153.	or x \$ _____ =			
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 12	* 10 = x \$ 39. = 390.			x \$ _____ =	
Basic Fee (37 CFR 1.16(h))				\$ 345.		\$	
Total Filing Fee				\$ 888.	OR	\$	

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ _____ =	or x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= x \$ _____ =			x \$ _____ =	
Total Additional Fee				\$	OR	\$		

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0617.  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 888.00 to cover the filing / additional fee is enclosed.

9.22.00

Date

Signature of Applicant, Attorney or Agent of Record

Rick Martin

Typed or printed name

Docket Number (Optional)

RM233d

U.S. Patent and Trademark Office  
13 U.S.P.T.O.  
09/668917  
09/22/00REISSUE APPLICATION BY THE INVENTOR,  
OFFER TO SURRENDER PATENT

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)

Nolan

Patent Number

5,812,978

Date Patent Issued

9/22/98

Title of Invention

Wheelchair Voice Control Apparatus

I am the inventor of the original patent.

I offer to surrender the original patent.

1.  Filed herein is a certificate under 37 CFR 3.73(b).2.  Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.

One of boxes 1 or 2 above must be checked.

The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.

Signature

Date

Typed or printed name

Daniel A. Nolan

The assignee owning an undivided interest in said original patent is Orville K. Hollenbeck and the assignee consents to the accompanying application for reissue

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Name of assignee

Orville K. Hollenbeck

Signature of person signing for assignee

Date

Typed or printed name and title of person signing for assignee

Orville K. Hollenbeck / N/A

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time varies depending upon the needs of the individual case. An estimate of the time to copy and transmit your signed application to the U.S. Patent and Trademark Office is \$12.00 per hour. Please mail or fax to: U.S. Patent and Trademark Office, Mail Stop 1425, Washington, DC 20231. If you have comments or suggestions concerning the burden hour statement, please write to: U.S. Patent and Trademark Office, Mail Stop 1425, Washington, DC 20231.

PIS SIGNATURE

Docket Number (Optional)

RM233d

JC813 U 09/669  
09/22/00REISSUE APPLICATION BY THE INVENTOR,  
OFFER TO SURRENDER PATENT

This is part of the application for a reissue patent based on the original patent identified below.

## Name of Patentee(s)

Nolan

## Patent Number

5,812,978

## Date Patent Issued

9/22/98

## Title of Invention

Wheelchair Voice Control Apparatus

I am the inventor of the original patent.

I offer to surrender the original patent.

1.  Filed herein is a certificate under 37 CFR 3.73(b).
2.  Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.

One of boxes 1 or 2 above must be checked.

The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.

Signature

Date

Typed or printed name

Daniel A. Nolan

The assignee owning an undivided interest in said original patent is Orville K. Hollenbeck, and the assignee consents to the accompanying application for reissue.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Name of assignee

Orville K. Hollenbeck

Signature of person signing for assignee

Date

9/10/2000

Typed or printed name and title of person signing for assignee

Orville K. Hollenbeck / N/A

*Sign 2*  
 Standard Patent Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the complexity of the invention. The use of this form is mandatory. It is subject to change in accordance with the provisions of 37 CFR 1.27. The use of this form is mandatory. It is subject to change in accordance with the provisions of 37 CFR 1.27.



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**REISSUE APPLICATION BY THE ASSIGNEE,  
OFFER TO SURRENDER PATENT**

Docket Number (Optional)

RM233d

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s):

Nolan

Patent Number

5,812,978

Date Patent Issued

9/22/98

Title of Invention

Wheelchair Voice Control Apparatus

Orville K. Hollenbeck is the assignee of the entire interest in the original patent.

I offer to surrender the original patent.

A certificate under 37 CFR 3.73(b) is attached.

I am authorized to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Name of assignee

Orville K. Hollenbeck  
Signature of person signing for assignee

Typed or printed name and title of person signing for assignee

Orville K. Hollenbeck / N/A

Date

9/10/2000

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**Applicant(s): **Nolan**

Docket No.

RM233d

Serial No.

Filing Date

Examiner

Group Art Unit

Invention: **Wheelchair Voice Control Apparatus**JC813 U.S. PTO  
09/068901

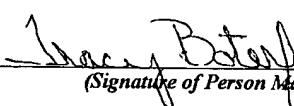
09/22/00

I hereby certify that the following correspondence:

**Re-Issue Application***(Identify type of correspondence)*

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**9/22/00***(Date)***Tracy Boterf***(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*

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**EL558236817US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**